

Exhibit G

In the Matter Of:

*ERIC WRIGHT vs
UNITED STATES*

ROBERT READY

December 06, 2016

SPOKANE REPORTING SERVICE, INC.

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1 or -- well, is there a bus pick-up place on the grounds?

2 A. Yes, there is.

3 Q. Okay. And is Spokane Transit one of the facilities that
4 provides transportation to and from the VA hospital in
5 Spokane?

6 A. Yes.

7 Q. Private transportation can also access the grounds of the
8 VA hospital, correct?

9 A. Correct.

10 Q. And they can do that either for parking or for pick up or
11 delivery of a patient, correct?

12 A. Correct.

13 Q. How close, to your knowledge, can a vehicle get to the ER
14 department door? And I'm not asking for an exact footage,
15 but if you can give me an idea whether it's a block, half a
16 block, 100 feet, 50 feet.

17 A. From the ambulance entrance door to where cars routinely
18 pull up, probably would be 12 to 15 feet.

19 Q. We've heard testimony from nurses that a patient
20 sometimes is either wheelchaired or escorted to their
21 transportation. Are you aware of any protocol or procedure
22 that determines when or when that should not occur?

23 A. Not to my knowledge.

24 Q. Have you ever escorted any person out of the hospital,
25 either by wheelchair or walking them, to their private

1 BY MR. EYMANN:

2 Q. Is there a protocol document in the hospital that
3 provides nurses with examples of when they should go up the
4 chain of command with regard to patient safety?

5 A. Not that I'm aware of.

6 Q. How would they then -- in the training arena, how would
7 they know when they should do it and when they shouldn't?

8 A. By virtue of being nurses and following their patient
9 advocacy, they would use -- go up the chain at that time, or
10 they would contact me through e-mail and I would see it the
11 following week.

12 Q. Anytime you go up the chain of command, are you -- from a
13 nurse's point of view, are you risking your reputation with a
14 provider?

15 MS. MCAMIS: Object to the form.

16 MR. VERSCHOOR: Object to foundation.

17 MS. MCAMIS: Overbroad and lack of foundation.

18 THE WITNESS: I don't believe so. We're beyond that.

19 BY MR. EYMANN:

20 Q. Have you yourself gone up the chain of command as a
21 registered nurse at any facility?

22 A. Yes.

23 Q. And you, as I understand it, would expect your nurses to
24 do that if they felt that a provider was missing something or
25 not doing something they should do?

1 arrest. ESI 2, the patient is very ill but the care can
2 be -- the physician can be delayed until the nurse can start
3 protocols in the ER and then have the physician come to the
4 bedside.

5 Q. Your answer was so good, can we go to 3, 4, and 5.

6 A. After that, after ESI 1 and 2, which are acuity levels --
7 they're all acuity levels -- you determine on what -- ESI 3,
8 4, and 5 are resources that are needed for the patient.

9 ESI 3 is many resources. An ill patient that comes in
10 that may need labs, radiology would be an ESI 3. They're
11 going to require many resources.

12 An ESI 4 is someone that only requires one resource,
13 is not ill -- critically ill. They may be there for
14 something like a back pain and all they're going to need is
15 an IM injection of a pain medication.

16 And the ESI 5 is nonurgent completely. They need no
17 resources. That would be the medication refill where they
18 just come in; I left my meds in the hotel or something.

19 Q. Okay. Do you remember what the records indicated with
20 regard to Mr. Wright when he was in the hospital that day?

21 A. I don't recall.

22 Q. He came in for a knee problem -- and I'm just wondering
23 this generally. He came in for a knee problem, but he wound
24 up being there, I believe, just in excess of eight hours,
25 okay?